

NVLAP ASSESSOR PERFORMANCE EVALUATION

This form is used by NVLAP evaluators to record the results of observations of both fully qualified assessors and assessors-in-training at on-site assessments. The evaluation record should identify areas of good performance, as well as areas in need of improvement and further training. If a rating area does not apply to the category of assessor being evaluated, then enter "NA" in the Comments block.

This form must be completed by the evaluator within 15 days of the conclusion of the on-site assessment. The information on the form is shared with the assessor being evaluated, and the form is signed by both the evaluator and the assessor. The NVLAP Program Manager (if different from the evaluator) then reviews and signs the completed form and ensures that it is filed in the assessor's records.

Assessor Being Evaluated:	Evaluator:	
Lab Name:	NVLAP Lab Code:	
Date(s) of observation:	Start date	End date

Assessor's Role (check all that apply): Lead Assessor Technical Assessor

RATE THE ASSESSOR IN THE FOLLOWING AREAS

Please use the Comments field to provide feedback information (both positive and areas for enhancement). Explain the reason for any rating of "Needs Improvement."

1. Understanding of NVLAP policies and procedures	Acceptable	Needs Improvement
Comments:		
2. Understanding and application of NIST Handbook 150 requirements	Acceptable	Needs Improvement
Comments:		
3. Organization of opening and closing meetings (e.g., use of agenda)	Acceptable	Needs Improvement
Comments:		
4. Assessment skills and techniques (e.g., questioning, listening, data gathering)	Acceptable	Needs Improvement
Comments:		
5. Technical knowledge and skills of technical assessors (e.g., evaluation of uncertainty, traceability, test method expertise)	Acceptable	Needs Improvement
Comments:		
6. Demeanor and interpersonal skills (interaction with laboratory staff and management)	Acceptable	Needs Improvement
Comments:		

RATE THE ASSESSOR IN THE FOLLOWING AREAS

Please use the Comments field to provide feedback information (both positive and areas for enhancement). Explain the reason for any rating of "Needs Improvement."

7. Communication skills: oral and written (e.g., appropriate note taking, discussions, clarity of questions asked, participation at opening/closing meetings)

Acceptable

Needs Improvement

Comments:

8. Time management (e.g., ability to work under pressure)

Acceptable

Needs Improvement

Comments:

9. General comments

SIGNATURES (To be signed after follow-up discussion)

EVALUATOR SIGNATURE

DATE

ASSESSOR SIGNATURE

DATE

PROGRAM MANAGER SIGNATURE
(required if different from evaluator)

DATE